

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	MEANS FOR HOLDING TWO PIECES IN POSITION RELATIVE TO EACH OTHER
Attorney Docket Number::	0513-1007
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DANIEL  
Middle Name::  
Family Name:: DEMIT  
City of Residence:: COURBEVOIE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing 54 AVENUE GALLIENI  
Address::  
City of Mailing Address:: COURBEVOIE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PATRICK  
Middle Name::  
Family Name:: GUILLOMET  
City of Residence:: MEUDON  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing 8 SENTIER DES HAIES  
Address::  
City of Mailing Address:: MEUDON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92190

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR00/02765	10/5/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	99/12620	10/11/99	Yes

**Assignment Information**

Assignee Name:: ABB BODY IN WHITE

Street of Mailing Address:: 14 RUE DENIS PAPIN

City of Mailing Address:: BEAUCHAMP

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 95250